Case 2:237CVTD0.46117MTTbcatD0CUMR	M ACCORDING PRACTICES led 03/20/23 Page 1 of 6
AND IS SUBJECT TO REJECTION BY THE CO	OURT. K FILED LODGED
REFERENCE LRC IV P. 5.4	RECEIVEDCOPY
Pro Se 15 (Rev. 12/16) Complaint for Violation of Civil Rights (Non-Prisoner))
	MAR 2 0 2023
UNITED STATES 1 for	DISTRICT OF ARIZONA
Distr	ict of
I	Division
	7/22 22 42 4 7 1 7 4 7 7
\bigcirc \bigcirc	Case No. CV23-00481-PHX-MTL
Keginald Janders	(to be filled in by the Clerk's Office)
Plaintiff(s) (Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)	Jury Trial: (check one) Yes No
-v-)	
FHNESS INTERNATIONAL, LLC dba Esporta Fitness	· •
Defendant(s) (Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)	
COMPLAINT FOR VIOLA	ATION OF CIVIL DICUTS
(Non-Prisone	
(Ivon Trisone	n Complaint)
NOT	ICE
Federal Rules of Civil Procedure 5.2 addresses the privace electronic court files. Under this rule, papers filed with the security number or full birth date; the full name of a personumber. A filing may include <i>only</i> : the last four digits of birth; a minor's initials; and the last four digits of a finance	ne court should <i>not</i> contain: an individual's full social on known to be a minor; or a complete financial account a social security number; the year of an individual's
Except as noted in this form, plaintiff need not send exhibit other materials to the Clerk's Office with this complaint.	oits, affidavits, grievance or witness statements, or any
In order for your complaint to be filed, it must be accomp forma pauperis.	anied by the filing fee or an application to proceed in

I. The Parties to This Complaint

A. The Plaintiff(s)

B.

Provide the information below for ea needed.				
Name	Regulard	Sander	P	
Address	Reginald Sanders 914 E. Broadway Rd #1171 TEMPE AZ 85282 City State Zin Code			
	TEMPE	Howay	# # # # # # # # # # # # # # # # # # #	<u> </u>
	City		State	Zip Code
County	Maricopo	L		
Telephone Number	Maricopo 310-684-	-9203		
E-Mail Address	reggied sanders @ gmail. com			
The Defendant(s)				
Provide the information below for ea individual, a government agency, an include the person's job or title (if kn them in their individual capacity or of Defendant No. 1	organization, or a nown) and check fficial capacity, o	a corporation whether you or both. Atta	For an indi are bringing ch additional	vidual defendant, this complaint against pages if needed.
Name	FITNESS INTE	RNATIONAL	LLCdb	a Esporta Fitness
Job or Title (if known)				
Address	1844 W.	RIO Sola	dr PARK	11)0/1
7 Iddi Coo	1844 W. 1 MesA City	- 000 W	AZ	15201
			State	Zip Code
County	Maricipa			
Telephone Number	,			
E-Mail Address (if known)				
,	Individual c	apacity	Official ca	npacity
Defendant No. 2				
Name	Ethness Tut	POPNALONAL	LLC de	ba Esporta FHNESS
Job or Title (if known)			•	
Address	3/01 Mich	olera Ap	VILLE STE	600
Address	310/ Micha Irvine	STOUT LE	CA	926/2
	City		State	Zip Code
County	Maricopa	_		<u></u>
Telephone Number				
E-Mail Address (if known)				
	☐ Individual c	anacity [Official ca	nnacity
	marridaar o	apaony _		·paorty
Defendant No. 2				
Defendant No. 3				
Name				
Job or Title (if known)				<u></u>
Address				
	City		State	Zip Code

		County Telephone Number E-Mail Address (if known)	Individual canacity	Official capacity	
		Defendant No. 4 Name	☐ Individual capacity	Official capacity	
		Job or Title (if known) Address			
		County Telephone Number E-Mail Address <i>(if known)</i>	City	State Zip Code	
II.	Dasia	for Jurisdiction	☐ Individual capacity	Official capacity	
	immu <i>Feder</i>	r 42 U.S.C. § 1983, you may sue state mities secured by the Constitution and ral Bureau of Narcotics, 403 U.S. 388 itutional rights.	[federal laws]." Under Bive	ens v. Six Unknown Named Agents of	
	A.	Are you bringing suit against <i>(check</i> Federal officials (a <i>Bivens</i> clai State or local officials (a § 198	m)		
	B.	Section 1983 allows claims alleging the "deprivation of any rights, privileges, or immuniti the Constitution and [federal laws]." 42 U.S.C. § 1983. If you are suing under section 198 federal constitutional or statutory right(s) do you claim is/are being violated by state or local statutory right(s).			
		Public Accommodation	s Charge of Disc	rimination	
	C. Plaintiffs suing under <i>Bivens</i> may only recover for the violation of certain constitutional rights. If you are suing under <i>Bivens</i> , what constitutional right(s) do you claim is/are being violated by federal officials?				
	D.	42 U.S.C. § 1983. If you are suing	om, or usage, of any State or under section 1983, explain ng under <i>Bivens</i> , explain hov	ney have acted "under color of any Territory or the District of Columbia." how each defendant acted under color w each defendant acted under color of	

III. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. Where did the events giving rise to your claim(s) occur?

Esporta Fitness, 1844 W. Rio Salado Parkway, Mesa, AZ 85201

B. What date and approximate time did the events giving rise to your claim(s) occur?

11/16/2021

- C. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)
 - I. Personal Harm: I was denied the full and equal enjoyment of this public accommodation due to my sex, male. (Reverse discrimination) The general manager and office manager (both female) discriminated against me when I requested their assistance involving may ex-qiriferend terrorizing me M and outside of their facility. The facility did minimal to provide film of incident to Mesa Police Department despite weaks of request. Esporta then report the film was deleted.

IV. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

I was in therapy for several months regarding the entire struction.

V. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

I would like to hold Esport a Fitness Accountable for gender discrimination against me. I would also like to hold them accountable for failing to retain the video of incident. I am requesting money damages in the amount of \$100,000 and punitive damages for injuries sustain mentally for their failure to assist their member. Their was harassment and the inability to use the facility I have been amember for logicars.

VI. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case—related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

В.	Date of signing: 03/ Signature of Plaintiff Printed Name of Plaintiff For Attorneys	20/2023 Reginald Sanders	
	Date of signing:		
	Signature of Attorney Printed Name of Attorney Bar Number Name of Law Firm		
	Address		
	Telephone Number E-mail Address	City State	Zip Code